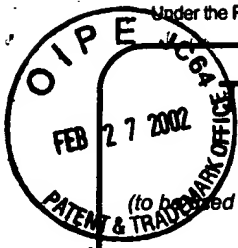


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Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number	09/581,345
Filing Date	September 27, 2000
First Named Inventor	Pastan, Ira H.
Group Art Unit	1642
Examiner Name	Helms, Larry R.
Attorney Docket Number	015280-339100US

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MAR - 8 2002

TECH CENTER 1600/2900

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Restriction Requirement and Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Laurence J. Hyman		Reg. No. 35,551
Signature			
Date	February 11, 2002		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:			
2/11/02			
Typed or printed name	Patricia Andrews		
Signature		Date	February 11, 2002

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SF 1316648 v1

FEE TRANSMITTAL
for FY 2001

FEB 27 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 920

Complete if Known

Application Number	09/581,345
Filing Date	September 27, 2000
First Named Inventor	Pastan, Ira H.
Examiner Name	Helms, Larry R.
Group Art Unit	1842
Attorney Docket No.	015280-339100US

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METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES	
Deposit Account Number	20-1430	Large Fee Code	Entity Fee (\$)
Deposit Account Name	Townsend and Townsend and Crew LLP	Small Fee Code	Entity Fee (\$)
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		Fee Description	Fee Paid
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		105 130 205 65	Surcharge - late filing fee or oath
2. <input type="checkbox"/> Payment Enclosed:		127 50 227 25	Surcharge - late provisional filing fee or cover sheet.
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		139 130 139 130	Non-English specification
FEE CALCULATION		147 2,520 147 2,520	For filing a request for reexamination
1. BASIC FILING FEE		112 920* 112 920*	Requesting publication of SIR prior to Examiner action
Large Fee Code	Entity Fee (\$)	113 1,840* 113 1,840*	Requesting publication of SIR after Examiner action
Small Fee Code	Entity Fee (\$)	115 110 215 55	Extension for reply within first month
Fee Description	Fee Paid	116 400 216 200	Extension for reply within second month
101 740 201 370	Utility filing fee	117 920 217 460	Extension for reply within third month
106 330 206 165	Design filing fee	118 1,440 218 720	Extension for reply within fourth month
107 510 207 255	Plant filing fee	128 1,960 228 980	Extension for reply within fifth month
108 740 208 370	Reissue filing fee	119 320 219 160	Notice of Appeal
114 160 214 80	Provisional filing fee	120 320 220 160	Filing a brief in support of an appeal
SUBTOTAL (1) (\$)		121 280 221 140	Request for oral hearing
2. EXTRA CLAIM FEES		138 1,510 138 1,510	Petition to institute a public use proceeding
Total Claims	-20** =	140 110 240 55	Petition to revive - unavoidable
Independent Claims	-3** =	141 1,280 241 640	Petition to revive - unintentional
Multiple Dependent	X	142 1,280 242 640	Utility issue fee (or reissue)
Large Fee Code	Entity Fee (\$)	143 460 243 230	Design issue fee
Small Fee Code	Entity Fee (\$)	144 620 244 310	Plant issue fee
Fee Description	Fee Paid	122 130 122 130	Petitions to the Commissioner
103 18 203 9	Claims in excess of 20	123 50 123 50	Petitions related to provisional applications
102 84 202 42	Independent claims in excess of 3	126 180 126 180	Submission of Information Disclosure Stmt
104 280 204 140	Multiple dependent claim, if not paid	581 40 581 40	Recording each patent assignment per property (times number of properties)
109 84 209 42	** Reissue independent claims over original patent	146 740 246 370	Filing a submission after final rejection (37 CFR § 1.129(a))
110 18 210 9	** Reissue claims in excess of 20 and over original patent	149 740 249 370	For each additional invention to be examined (37 CFR § 1.129(b))
SUBTOTAL (2) (\$)		179 740 279 370	Request for Continued Examination (RCE)
**or number previously paid, if greater; For Reissues, see above		169 900 169 900	Request for expedited examination of a design application
		Other fee (specify)	
		The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$920)	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Laurence J. Hyman	Registration No. (Attorney/Agent)	35,551	Telephone	415-576-0200
Signature				Date	2/11/02

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